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102997

MEMORANDUM REPORT



U.S. AIR FORCE

AIR MATERIEL COMMAND

WRIGHT-PATTERSON AIR FORCE BASE

DAYTON, OHIO

HIGH ALTITUDE BALLOUTS

MCREXD-695-66M

18 SEPTEMBER 1950

3 April 50 April 6.25

HEADQUARTERS

AIR MATERIEL COMMAND

WRIGHT-PATTERSON AIR FORCE BASE, DAYTON, OHIO

ENGINEERING DIVISION MEMORANDUM REPORT ON

No. of Pages: 4h VM/ heo Date 18 September 1950

SUBJECT: High Altitude Failouts

OFFICE Aero Medical Laboratory

Contract or Order No.

102997

SERIAL No. MCREXD-695-66M

Expenditure Order No.695-61

A. PURPOSE:

1. To present the experimental results of fourteen (1/4) human tests accomplished at Holloman Air Force Rase which (a) prove the feasibility of escape at high altitude from a physiological standpoint, and (b) demonstrate the practicability of automatic equipment for ejection seat and free bailout methods of escape.

B. FACTUAL DATA:

- 2. High altitude parachute jumps have always been extremely hazardous and usually resulted in either injury or death. Personnel flying at high altitude today are still without any tested or proven means of a safe method of escape. The purpose of the high altitude bailout tests conducted at Holloman Air Force Base, New Mexico, was to prove that such jumps are feasible when proper precautions are taken and when reliable automatic equipment is used. The background to these tests is discussed further in Appendix I.
- 3. A B-17 specially equipped for high altitude flying was used to conduct the tests. Fully automatic ejection seat drops and free-fall bailouts were accomplished using a modified bomb-bay as an exit. Poth standard and experimental clothing and equipment were used during the tests. Six experienced volunteer parachutists were selected as subjects after undergoing a thorough examination and indoctrination. Various telescopic cameras recorded data for determining altitude velocity and time sequence data. Physiological data prior to and during the drops were telemetered to a ground receiving station. Further details of the equipment and methods are presented in Appendix II.
- 4. A stabilization chute was used on all ejection seat drops, but stability around the vertical axis was difficult to maintain with the result that various rates of spinning were experienced during the seat drops. The free-fall bailouts conducted at the last part of the program were favored by the subjects in preference to a spinning seat. No adverse physiological reactions were recorded by the telemetered records of the subjects although some subjects experienced nausea during the parachute descent on the seat tests. The tests show that high altitude bailouts with proper equipment are not only feasible, but

can be accomplished without injury. A detailed account of the results, including a brief summary of each subject's jump is presented in Appendix III.

Sketches and photographs of the subjects and the various items of equipment are included in Appendix IV.

C. CONCLUSIONS:

- No physiological changes were encountered which would prevent adequate performance of normal and emergency procedures; however, disorientation, blurring of vision and excitement were the physiological factors which caused the most difficulty.
- The greatest danger in high altitude escape is the inability to judge altitude above the terrain either by visual means or estimating the time of fall. This danger makes the use of an automatic opening device advisable. Under conditions of the tests described herein, standard parachutes with automatic opening devices are suitable for high altitude emergency escape, up to 43,000 feet.

D. RECOMMENDATIONS:

8.	None	•		/
CONCURRE	CE F	B. W. BARNES Major, USAF Parachute Branch	REPARED BY:	VINCENT MAZZA VINCENT MAZZA Captain, USAF Aero Medical Laboratory
APPROVED	BY: for	Equipment Laboratory W.H. Mc (audless Price Colonel, USAF)	REPARED BY	1.
APPROVED		Robert Holount ROBERT H. BLOUNT Colonel, USAF (MC)		C. E. CARROLL Equipment Laboratory
APPROVED.	er:	Chief, Aero Med. Operations PR Walter A. Carlson WALTER A. CARLSON Colonel, USAF (MC)	REPARED BY:	R. V. WHERLER, Capt., USAF Equipment Laboratory
		Chief, Aero Medical Laborat	ory	Aero Medical Laboratory

APPENDIX I

It was believed, prior to 1943, that if the paracoute were opened at high altitude a severe opening shock would be avoided because of the decreased density of the atmosphere. Such a jump would require the prolonged use of oxygen during the descent in the paracoute, as well as adequate clothing for protection against the extreme cold at altitude. An experimental jump of this type from 40,000 feet was accomplished by Col. W. R. Lovelace, II, M. C. on 24 June 1943. (Memorandum Report Engineering Division No. 49-695-1K dated 9 July 1943). He suffered an extremely hard opening snock which rendered him unconscious and caused him to lose both gloves from the left hand. When he recovered he had a frozen left hand and was suffering from snock. The nylon glove on the right hand served to protect it from frostbite.

On 3 July 1943, Major P. J. Ritchie made an emergency jump without oxygen from 32,000 feet. He delayed pulling the rip cord until he felt he was about to lose consciousness. He remembered a terrific opening shock as his chute opened, and lost consciousness shortly afterward. Examination showed he had a dislocation of the lumbar vertabrae.

In 1944 a series of high altitude dummy tests (Memorandum Report Feng. 49-696-66, dated 8 July 1944) gave data which definitely proved that parachute opening shock is greater at high altitudes and indicated that the best method of performing a high altitude parachute jump was to free-fall to a relatively low altitude before inflating the main canopy. In this the hazards of exposure to cold, low oxygen pressure, and high opening shock at altitude are minimized. Below 30,000 feet the oxygen problem is not critical and the normal subject will not lose consciousness during a free-fall.

Using the above information Lt. Col. M. W. Boynton received permission to make an experimental free-fall parachute jump from 42,000 feet. He chose not to use an automatic parachute opening device, and in August 1944 he plummeted to his death. He apparently had made no attempt to pull the rip cord.

The mystery of what occurred during Col. Poynton's jump encouraged further research for safe methods of escape from altitudes of 40,000 feet and above. Since little was known of the free-fall rate of descent, the effects of prolonged tumbling, or the possibility of physiological reactions due to sudden cold and shock, a program of experimental jumps by a group of volunteers was planned at the Aero Medical Laboratory in 1945 but the end of hostilities interrupted the completion of the plan.

Since regular flights at the present time are conducted at 40,000 feet and above it was considered urgent that such a test program be conducted. Delayed free-fall tests of this type were considered feasible since a reliable automatic parachute opening device employing an aneroid timer had been developed. (See Air Force T. 0. 13-5-1 dated August 1950)

The selection of a site to conduct these tests was finally narrowed

down to El Centro Naval Air Station, California; Edwards Air Force Base, Muroc, California; and Holloman Air Force Base, Alamogordo, New Mexico. The deciding factor in favor of Holloman Air Force Base was the instrumentation facilities available there. The main disadvantage was the altitude of the terrain (4090 ft.M.S.L.) This necessitated opening the parachute at a nigher altitude and landing at a higher rate of descent than at sea level. It was felt, however, that the improved parachute (B-14) which was to be used, would off-set these disadvantages.

The project was a joint effort of the Aero Medical Laboratory and Equipment Laboratory of the Engineering Division, Wright-Patterson AFB and consisted of the following personnel.

*Capt. Vincent Mazza *Capt. Richard V. Wheeler Capt. Thomas C. Hill Capt. Randall W. Briggs Capt. Philip J. Maher Mr. Charles E. Carroll Mr. Joseph A. Calhoun Mr. Miles A. McLennan Mr. Edward G. Correll Mr. Andrew M. Marcinko *M/Sgt. Jay D. Smith M/Sgt. Isadore Rosenberg *T/Sgt. Joseph F. Krul *T/Sgt. Victor A. James *T/Sgt. George Post T/Sgt. Kenneth Roe S/Sgt. Wm. R. Sink

Project Engineer, Aero Medical Laboratory Asst. Project Engineer, Equipment Laboratory Medical Officer, Aero Medical Laboratory Medical Officer, Aero Medical Laboratory Pilot, Aero Medical Laboratory Parachute Engineer, Equipment Laboratory Asst. Parachute Engineer, Equipment Laboratory Telemetering Engineer, Aero Medical Laboratory Electronic Technician, Aero Medical Laboratory Electronic Technician, Aero Medical Laboratory Holloman AFB Liaison, Holloman AFB Parachute Equipment Technician, Equipment Laboratory Packer and Rigger, Equipment Laboratory Asst. Parachute Equipment Technician, Equipment Lab. Packer and Rigger, Equipment Laboratory Crew Chief, Flight Test Division Crew Chief, Flight Test Division

Holloman AFP supplied general facilities and technical assistance, and conducted photographic and electrical recordings of the tests.

^{*} Also served as subjects for the tests.

APPENDIX II TEST EQUIPMENT AND PROCEDURES

At the inception of the tests, which were to involve the dropping of human subjects from an aircraft flying at altitudes ranging from 25,000 to 40,000 feet, it was decided that the use of an ejection seat as a vehicle for the subjects during most of the falls would be the safest procedure for the following reasons:

- A. Men could be seated in an ejection seat mounted on vertical rails in the bomb-bay of an aircraft so that they could be uropped in a controlled manner, thus reducing chances of losing oxygen due to an irregular exit.
- B. Bulky and extensive instrumentation and oxygen equipment could be more satisfactorily mounted on the seat than on the man.
- C. Automatic parachute system could be used which had proven to be dependable by extensive previous tests. This system presented an advantage in that it allowed the man to separate from the seat and heavy instrumentation equipment prior to the opening of his parachute, thereby reducing the opening and landing shocks.
- D. A stabilization parachute could be installed and positively deployed by static line to stabilize the fall of the seat and man combination until safe altitude for opening of the personnel parachute was reached. A stabilized fall was considered desirable in order to minimize possible causes for discrientation, loss of oxygen, and to make possible a fairly accurate calculation of the rate of descent.

Four ejection seats were prepared for a series of twelve tests to be conducted as follows:

Three at 25,000 feet
Three at 30,000 feet
Four at 35,000 feet
Two at 40,000 feet

Two free-fall bailouts were planned to follow these tests.

The following parachute and accessories were installed on each seat:

- A. One parachute, stabilization, 40-inch diameter, Type M-1.
- B. One parachute, seat retarder, experimental, 16 foot diameter.
- C. One release device, stabilization parachute, experimental.

- D. Two release, parachute rip cord automatic, Type F-1.
- E. One belt, safety, lap automatic, ejection seat, Type F-1.

The stabilization and retarder parachutes were stowed in a compartment on the seat immediately aft the headrest. The stabilization parachute release device was installed between principal members of the seat structure approximately aft of the occupants shoulder line. The two F-l automatic releases were mounted side by side above the stabilization parachute release device. The automatic lap safety belt was actuated by a control cable routed around the left side of the seat and up to a position under the stabilization parachute release where it joined to the left riser of the stabilization parachute.

Upon leaving the aircraft the stabilization parachute was withdrawn from its compartment and deployed by a static line approximately fifteen feet in length. The stabilized seat and the man then fell to the altitude of approximately 14,000 feet, which was pre-set on the F-1 type automatic release devices. The automatic releases then actuated the stabilization parachute release which freed the stabilization parachute allowing it to pull the control cable to open the lap belt and then act as a pilot chute to withdraw the retarder parachute. The man was then free to fall away from the seat as the 16-foot diameter retarder parachute was deployed. A static line from the seat to the man served to pull the rip cord of his parachute.

The seat accessories installation, sequence of operation, along with details of the personnel parachute are described in detail in Engineering Division Memorandum Report No. MCREXA7-45341-4-1, dated 15 August 1949, subject: "Pilot Ejection Flight Tests Conducted with a TF-80C Airplane at Muroc and Hamilton Air Force Bases." AF Photos Nos. 305836, 305839, 305841, and 305842 show details of the ejection seat used. Nos. 306259, 306260, 306261, Appendix IV, show the parachute assembly used by the man.

A B-17 airplane No. 44-85570, especially equipped for high altitude flying, was used as the test vehicle. Flooring was installed in the bomb-bay except for the right forward section. This opening served as the exit for the seat and/or seated subject. Installed vertically at the rear part of this opening was a set of rails which retained the rollers of the ejection seat. The seat was supported on the bottom by a steel bar which was connected to a bomb shackle. Releasing the bomb shackle allowed the bar to pivot, thus dropping the seat.

For the free-fall tests, conducted after the seat drops, the rails were removed from the bomb-bay and the subject sat on the edge of the platform facing forward with his feet extended through the opening. At the proper

moment he rocked forward and out of the aircraft. Each man was equipped with an automatic opening parachute similar to those used on the duries except that provisions were made for an automatic opening chest reso ve parachute and an extended skirt main canopy 35 feet in nominal diameter. (See AF Photos Nos. 305843, 305844, 305845, and 305846.) The main parachute was equipped with a deployment bag.

The rip cord release in the main parachute on the man's back was adjusted to open the pack at a pressure altitude of fifteen thousand (15,000) feet on the free-fall tests. The chest reserve was adjusted to open at 12,500 feet in the event of failure of the main parachute. The F-1 type rip cord release in the chest reserve was modified so that the arming pin could be re-inserted after opening of the main parachute to prevent the opening of both parachutes.

Prior to each live test throughout the program a dummy was dropped from the altitude at which the test was to be conducted. Each dummy was equipped with a standard automatic opening back parachute constructed essentially in accordance with AF Part No. 50C7024-10 using an F-1 Type Automatic Rip Cord Release Device. (See AF Photos Nos. 284913 and 284916). These tests served the purpose of supplying further tests for the automatic opening parachute devices, determining the approximate impact point of the subject, and furnishing information on the rates of free-fall for the live free-fall tests to be conducted at the latter part of the program.

Six subjects were selected from volunteers from the Parachute Branch, Equipment Laboratory, the Special Parachute Unit, Holloman Air Force Base, and the Biophysics Branch, Aero Medical Laboratory. They were required to have basic parachute experience including static line and free-fall jumps. The standard physical examination for flying was passed successfully by each man, with uncorrected visual acuity of 20/20. The subjects showed no unusual instability in the following physiological and psychological tests: "Harvard Step", Cold Pressure, "Flack", Minnesota Multiphasic Personality Inventory, Rorshach, and a general clinical interview by the Flight Surgeon, In addition, the acceleration required to produce blackout or unconsciousness was determined for each subject on the human centrifuge. A comprehensive program of high altitude indoctrination was given each man in both the room temperature and refrigerated chambers, this program involved the use of oxygen equipment, pressure breathing, use of heated clothing, and simulated freefalls from 43,000 feet. A thorough indoctrination was given in special procedures, such as the use of the reserve seat chute, reserve bailout bottle, two-way radio, stop watch, altimeter, and emergency procedures. All subjects volunteered to complete the series of jumps including those at the highest altitudes. The project Flight Surgeon was assigned the responsibility of selecting individuals to make the 35,000 and 40,000 foot jumps on the basis of all data available at that point in the program.

Clothing assemblies in all jumps were composed of standard items, although there were slight variations due to individual preferences and to the require-

ments for positioning of telemetering leads. In most cases the assembly consisted of the P-l helmet with visor and oxygen mask, light-weight cotton undershorts and T-shirt, K-2 cotton gabardine flying suit (summer), A-ll flying trousers, B-15 jacket with fur collar, one pair light-weight cotton or nylon socks and two pairs of medium-weight wool socks, combat boots or standard issue high-top shoes and knit wool gloves under leather gauntlet gloves. In several of the jumps the B-15 jacket and A-ll trousers were replaced with a light lined nylon experimental flying suit, type B-78. These assemblies provided an insulation value of approximately 2.0 - 2.5 clo. For the two final free-fall jumps an additional thin nylon coverall, dyed a luminous red for identification purposes, was worn over the outer clothing.

Oxygen equipment consisted of the A-13 mask to which was connected the H-2 bailout bottle by means of the A-2 adapter, providing oxygen under pressure for the duration of the fall. An extra H-2 bailout bottle with a simple pipe-stem was provided in case of failure of the primary pressure oxygen system. Both bottles were started and the flow was checked prior to departure of the subject from the aircraft.

Each subject wore a stop-watch and an altimeter sewed to the sleeve of his outer garment, and a knife sewed to the trouser leg. He carried bright colored signal panels in a pocket in case location of the impact point proved difficult to rescue parties. Care was taken to insure that adjacent articles of clothing were overlapped securely, using masking tape at the ankles and around the exit point of telemetering leads.

In the seat drops, physiological data were telemetered to the ground from pickups on the subject leading to a transmitter on the seat. At various times pulse, respiration and skin temperatures were recorded for later analysis. Pulse rates were obtained from chest electrocardiograph leads at the base and at the apex of the heart. Respiration rates were obtained from a resistance thermometer mounted above the exhalation valve in the oxygen mask. Skin temperatures were obtained from resistance thermometer elements placed usually at the back of the neck, the dorsum of the hand and the dorsum of the foot.

In conducting the tests one radar station tracked and directed the pilot of the aircraft throughout the flight pattern and controlled the release point. This release point placed the aircraft in a position to obtain optimum instrumentation data. Another radar station having an expanded scale was able to track the aircraft just prior to the drop and then track the seat, subject or dummy to obtain the approximate release altitude, and the time and altitude of opening sequences.

The optical group tracked the object as it was released from the airplane. Five Askania cine-theodolite stations (Focal length 20") recorded altitude, azimuth and time, from which the data reduction group was able to determine the velocity, acceleration, position, and time of occurrence data. Two servo-

tracked Mitchell cameras (Focal length - 40inches) and a telescopic camera located on Mule Peak (Focal length 300 inches) were used for an historical film record of the series of events. Unfortunately the ground haze caused the pictures taken from Mule Peak to be somewhat blurred.

The time and communications group supplied continuous time signals to all stations so as to synchronize all instrumentation data. The operations group coordinated and guided the entire organization including the telemetering receiving station located at Tula Peak.

TABLE I
TESTS WITH HUMAN SUPJECTS

						4-	1
Test No.		Total Drop Weight	Drop Altitude	Altitude of Separation	Total Free-Fall Altitude	_	e-Fall
1-B	5/11/50	350#	25,708	13,870	11,838	Wheeler	55.6
2-B	5/15/50	340#	25,808	1/4,5%2	11,226	Krul	52.0
3-B	5/17/50	340# •	26,103	8,191	17,912	Post	83.0
14	dummy test		·u·				
5	dummy test						
6 - B	6/6/50	357#	31,718	16,936	11,782	James	65.0
7 - B	6/7/50	373#	31,808	14,476	16,332	Smith	75.0
8- B	6/16/50	342#	31,624	13,166	18,458	Mazza	78.0
9 - B	6/20/50	3 <i>5</i> 8#	36, 666	14,346	22,320	Wheeler	96.0
10-B	6/21/50	320#	36,651	15,101	21,550	James	94.0
11-B	6/23/50	3114	3 6,829	1/4,680	22,149	Erul	96.0
12-B	6/29/50	332#	36 , 781	14,341	55 أبارا 0	Mazza	94.4
13-B	8/1/50	371-1/4#	1,2,048	/	/	Wheeler	/
14-B	8/9/50	347#	42,176	/	/	Mazza	/
*15-B	8/10/50	243-1/2#	37,066	/(Chute Opened)) /	Wheeler	/
*16-B	8/15/50	227#	41,586	/ (Chute Opened)) /	Mazza	/

^{*} Free-Fall Tests.

[/] Data reduction not completed.

TAPLE II DURMY DROPS

Test	Date of . Test	Total Drop Weight	Drop Altitude	Altitude of Separation	Total Free-Fall Altitude	Free-Fall Time
l-A	5/11/50	180-1/2#	25,768	(15,550) ^r	(10,268) ^r	(47•3) ^m
2-A	5/15/50	180-1/2#	(25,730)°			42.6
3-A	5/17/50	216-1/2#	26,290	14,989	11,301	12.6
*4-A	5/19/50	340#	30,971	12,150	15,821	81.0
*5 - ∧	5/26/50	325 !	(25,680) ^r	(11,960) ^r	(13,720) ^r	(65.0) ^r
6 -A	6/6/50	216-1/2#	(31,850)	(13,850)	(18,000)	59.4
7-8	6/7/50	216-1/2#	(31,340) ^r	(13,350) ^r	(17,960) ^r	60.0
ő-A	6/16/50	216-1/2#	(13,875)	15,410	16,465	56.0
9-A 10-A	6/20/50 6/21/50	216 - 1/2# 216 - 1/2#	36,485 36,709	(12,435) ^r (11,600) ^r	(24,050) ^r (25,109) ^r	(81,.0) r (98.!:) ^m
11-A	6/23/50	216-1/2#	36,801	14,721	22,080	69.2
12-A	6/29/50	218-1/4#	36 , 654	11,110	25°277	71.0
13-A	8/1/50	218-1/2#	42,151	/	./	/
1/-A	8/9/ 5 0	218-1/2#	41,674	/	/	/
15-A	8/10/50	218-1/2,4	36 , 792	/	/	/
16-A	8/15/50	218-1/2#	41,498	1	. /	/

^{*} Dummy drops in ejection seats

^() Denotes approximate data

⁾r Data obtained by radar

⁾ Data of tained by Fitchell camera

[/] Data reduction not complete

APPENDIX III RESULTS

During tests Nos. 1 and 2 the subjects reported a decided tendency for the seat to spin around the vertical axis through the suspension line of the stabilization parachute. (Ref. Fig. I App. IV.) During Test No. 3 this spinning caused the suspension lines to twist and force a collapse of the stabilization parachute. Without benefit of the stabilization parachute to provide the drag power to operate the lap belt automatically, the subject was forced to manually release the belt. Corrective action was taken by the installation of a swivel between the seat and the stabilization parachute, to absorb the twists. Two dummy tests (No. - 4A & 5A) were successfully conducted with this arrangement and live tests were resumed.

Spinning of the seat was believed to have been caused by airflow over the irregular surfaces of the seat and man. The drag force from the stabilization parachute was intended to resist pendulum or rocking motions of the seat, however, little of this force could be expected to resist twisting movement.

During tests Nos. 9 thru lh action was taken to reduce or eliminate the spinning descent. A flat plate drag area, the angle of which could be controlled by the subject was installed on the left side of the seat (See AF Photo No. 305839). This drag area was intended to create a force to spin the seat to the left in opposition to the tendency of the seat to spin to the right. Due to limited space in the bomb bay of the test aircraft the drag area could be extended only fifteen inches from the center of rotation with an area of fifty to sixty square inches. Three subjects reported they were unable to completely counteract the spin with the controllable drag; however, one subject was able to stop the spin by extending the left leg in a manner to augment the drag of the controlled area.

During tests Nos. 13 and 14 the seat and man spun to the left, whereas in all other tests spinning was to the right. This is believed to have been caused by a change which had been made in the weight and arrangement of the telemetering equipment on the seat, which would indicate that the balance of air drag pressures was very critical to impart the spin either direction.

During the entire series of twelve (12) live and two (2) dummy seat drop tests, there were twenty eight (28) operations of the type F-l Automatic Ripcord Release, without malfunction. Collapse of the stabilization parachute due to spinning of the seat during Test No. 3-B was the only malfunction of any component of the automatic accessories during the series of tests. On Test No. 6-B the subject released himself prior to the occurrence of the automatic sequence because of a loss of depth perception due to the spinning of the seat. During Test No. 114-B the retarder parachute was severely damaged due to an overload by a delayed separation of the man from the seat.

Exits from the test aircraft on the free-fall tests (No. 15-B & 16-B) were accomplished by the subject sitting on the edge of a rectangular opening in the bomb-bay floor and rolling forward and out of the aircraft. In the first drop from 37,066 feet the subject free-fell 80 seconds prior

to automatic opening of the parachute. In the second drop from 41,586 feet the subject free-fell 90 seconds. Ground personnel tracking the drops by radar estimated the openings to occur at approximately 15,000 feet above sea level. A comprehensive reduction of the data gathered by ground and air observations will be recorded in a future report.

Comments from the subjects indicated that they experienced less discomfort and stress while accomplishing the free bailout tests, than during preceding tests conducted using the stabilized seat.

The tests indicate that stability of seats around the vertical axis is critical. Various aircraft seats will probably differ, causing some seats to spin to the right and others to the left. This instability can be partially controlled by trained subjects, but it would not be practical to expect this of service personnel. The spinning, if prolonged and rapid, may cause blurring of vision and probably contributes to the nausea, which was experienced on some of the tests, during the main parachute descent.

Depth perception or ability to estimate when to expect the automatic sequences to occur (10,000 ft. above the terrain) was virtually impossible over the desert and probably would be over water. It is believed that without automatic equipment, or some indication of the time of fall, or altitude, a manual bailout from high altitude would be extremely hazardous.

The present system for automatic release from an ejection seat was planned several years ago on the assumption that it would be desirable to put the emergency oxygen supply on the seat and have the man descend from high altitude in a seat stabilized by a drag chute. This system relieved the man of another item of equipment and avoided the possible disadvantages of tumbling on a long descent.

The current series of tests have emphasized the heretofore unsuspected hazard presented by the critical nature of the stability of the seat about the vertical axis on a long descent. With these facts in mind, it is appropriate at this time to reconsider the automatic release sequences on ejection seats, particularly if the stability problem is not readily solvable.

If the emergency oxygen supply is attached to the man, he could be released from the seat soon after separation from the airplane. The automatic opening devices would then be an integral part of the parachute, and accessory equipment now required on ejection seats could be eliminated or simplified as follows:

- A. The retarder parachute could be eliminated.
- B. The lap belt release could be simplified to a time delay device.
- C. Drag chutes could possibly be eliminated.
- D. Relocation of the bailout bottle.

This problem will require careful consideration by all laboratories concerned and additional tests, if necessary, to assist in arriving at an early decision.

Table No. 1 presents essential information on each jump. An account of each jump follows:

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APPENDIX III

Summaries of Personal Accounts of Tests

TIST 1-B

Subject: Captain Wheeler Altitude: 25,708 feet

Type: Seat Drop Date: 11 May 1950

IAS: 130 mph

The subject left the aircraft and within 5 seconds was "reasonably sure" the drag chute was out, and soon the clockwise spinning of the seat, without tumbling, confirmed this. He reported a "strong air blast that rushed in and around my face. It raised my helmet about an inch from my head, pulled my oxygen mask slightly away from my face, created a loud rushing sound, and caused tears to come into my eyes." This prevented his hearing radio transmissions from the ground, but he was able to report one altitude and several stop-watch time intervals, which were recorded understandably on a tape recorder. The spinning decreased just prior to separation. He experienced an opening shock that was "much more than I had anticipated." He felt "extremely weak and nauseated for about 1/2 minute or so after chute opening." The parachute opening was fully automatic and the landing was uneventful.

TEST 2-7

Subject: M/Sgt. Krul Altitude: 25,808 feet

Type: Seat Drop Date: 15 May 1950

IAS: 130 mph

The subject heard the "static line on the drag chute break loose" as soon as he left the aircraft, then he noticed "the ground below spin very rapidly." He was able to transmit and receive radio messages. He was unable to read his altimeter and therefore checked his altitude by reference to stop-watch and ground. The seat was "turning but not fast enough to make me sick." The parachute opening was fully automatic with a very gentle opening shock and an uneventful landing.

TEST 3-B

Subject: T/Sgt. Post Altitude: 26,103 feet

Type: Seat Drop Date: 17 May 1950

IAS: 130 mph

The subject noticed clockwise rotation of the seat soon after leaving the aircraft. He transmitted a report but could receive nothing but a buzz from the ground. As previously instructed, he stuck out his right foot to attempt to stop the rotation; this was successful, so he left his leg extended. At 55 seconds (stop-watch time) he was preparing to transmit his altitude when the seat started "turning backwards, sideways, etc." waited until 64 seconds (the time of anticipated separation) and then discovered the drag chute was "streaming." He grasped the risers and tried to shake the chute so it would inflate, but this was unsuccessful. At about 78 seconds he transmitted emergency twice and pulled the emergency handle. Nothing happened so he released his lap belt, left the seat and had a static line chute opening. The opening shock was moderate and he checked the time of opening by stopping his stop-watch. He reported feeling tired, but not sick. About three minutes after landing, the subject was momentarily unable to use his voice in spite of obvious efforts. No other untoward reactions occurred. His opening altitude was approximately 7,500 feet (3,500 feet above the terrain).

TEST 6-B

Subject: S/Sgt. James Altitude: 31,718 feet

Type: Seat Drop Date: 6 June 1950

IAS: 130 mph

The seat was stable immediately on leaving the aircraft. The subject could not transmit or receive due to a break in his headset. He moved his head in all positions possible as a means of testing the helmet—mask combination—there was no tendency of the mask to pull off and no wind blast got under the visor. A slow clockwise spin started and the subject found that sticking his foot out increased the rate of spin. He began to get very dizzy, his vision was blurred, and he "lost all sense of depth perception." With no further checks on altitude or time possible, he decided to pull his emergency handle and received a static line opening with only a very slight shock. He was very "dizzy," became nauseated and vomited. Landing was uneventful.

TEST 7-B

Subject: M/Sgt. Smith Altitude: 31,808 feet

Type: Seat Drop Date: 7 June 1950

IAS: 130 mph

On leaving the aircraft, the subject swung face down, then face up, but soon these oscillations were gone and the seat was stable. He transmitted an O.K. signal and noticed his stop-watch was inoperative. He reported this, as well as his intention to stay with the seat as long as he thought it safe. The seat started spinning and this became so severe as to cause dizziness, blurring of vision and difficulty in concentrating. At the time he realized his altimeter had passed through 15,000 feet indicated, the separation occurred automatically. The opening shock was mild and the landing uneventful.

TEST 8-B

Subject: Captain V. Mazza Altitude: 30,000 feet

Type: Seat Drop Date: 16 June 1950

IAS: 130 mph

The seat was stable for a few seconds after leaving the aircraft and then started a clockwise rotation, gradually picking up speed. The subject tried various ways of reducing this rotation, including the use of an experimental airfoil, and was successful for a short period of time. Prior to separation, the rotation started again, but he was able to continue keeping track of time. The separation was automatic, but the subject became nauseated during parachute descent and subsequently vomited. The landing was uneventful.

TEST 9-B

Subject: Captain Wheeler Altitude: 36,666 feet

Type: Seat Drop Date: 20 June 1950

IAS: 130 mph

The subject fell for about 10 seconds before rotation started and was able to transmit an O.K. signal. He concentrated on experimenting with

methods to control the spinning, but was relatively unsuccessful. Finally, he "decided to concentrate on my watch in order not to get dizzy." He transmitted times until automatic separation and had a moderate opening shock, during which "my head was snapped forward which caused the visor on the helmet to jam." The landing was uneventful.

TEST 10-B

Subject: S/Sgt. James Altitude: 36,651 feet

Type: Seat Drop Date: 21 June 1950

IAS: 130 mph

About 20 seconds after leaving the aircraft, the seat started slow turns to the right. The subject tried various methods of controlling this, and was partially successful, although one procedure produced a temporary rapid spin. He felt a "slight wind blast consistently coming up under my visor causing my eyes to water." Prior to separation, his eyes were watering so badly that he could not read his watch or judge his altitude, but he was not dizzy. The separation was automatic. The subject felt nauseated after his main chute opened. The landing was uneventful.

TEST 11-B

Subject: M/Sgt. Krul Altitude: 36,829 feet

Type: Seat Drop Date: 23 June 1950

IAS: 130 mph

The subject noticed that the seat seemed too small for him before he left the aircraft. Immediately after release, his feet left the stirrups and he was unable to return them to the proper position. He was able to transmit and receive with his two-way radio. Later the seat started spinning to the left and this was uncontrollable, but it stopped altogether by 80 seconds and started a slow spin to the right prior to separation. The subject considered using the emergency system but decided not to, and the opening was automatic with an easy opening shock. He felt nauseated and used the reserve oxygen bottle with the pipe-stem. He believes this made him feel better right away, " although the nausea continued at intervals and he sucked on the oxygen tube until about 2,000 feet from the ground. The landing was uneventful.

TEST 12-B

Subject: Captain V. Mazza Altitude: 36,781 feet

Type: Seat Drop Date: 29 June 1950

IAS: 130 mph

The subject noticed that the seat started to spin to the right as soon as it left the airplane. He tried various corrective measures, but these were unsuccessful. However, he did not report any dizziness. His feet were cold before he left the airplane, but this produced nothing worse than discomfort. The parachute opening was automatic with slight opening shock and the landing was uneventful.

TEST 13-B

Subject: Captain Wheeler Altitude: 42,048 feet

Type: Seat Drop Date: 1 August 1950

IAS: 117 mph

The seat started a slow spin to the left, which increased in velocity. In attempting corrective action, the subject's right foot slipped from the stirrup, then his left foot slipped, and later he slid out of the seat and believes he was sitting on the foot stirrups with the hand rests under his armpits. This created an unusual and unsteady spin condition but the subject did not feel dizzy and was able to check his times. The parachute opening was automatic with a moderate opening shock. "I felt very relieved when the main chute opened but then almost immediately I started to feel sick." He vomited four times. The landing was uneventful.

TEST 11-B

Subject: Captain Mazza Altitude: 42,176 feet

Type: Seat Drop Date: 9 August 1950

IAS: 117 mph

Again the subject spent the falling time attempting to control the spin characteristics of the seat. At separation, he did not attempt to push

himself away from the seat when his lap belt released, but stayed sitting in it "to see what would happen to an unconscious subject making no effort to leave the seat." He was forcibly separated from the seat by the opening of the retarder chute. "The added weight of a heavy seat and subject was evidently too much for the retarder chute and I saw it stream by about 45 feet in front of me. (We found later that the opening shock had sheared all but two suspension lines.)" The parachute opening was automatic. "I felt quite nauseated at about 10,000 feet and was very uncomfortable due to the heavy clothing." The landing was uneventful.

TEST 15-B

Subject: Captain Wheeler Altitude: 37,066 feet

Type: Free Fall Date: 10 August 1950

IAS: 130 mph

The subject sat on the forward edge of a platform in the bomb-bay, in a forward facing position. The cold air from the opening of the bomb-bay doors caused his visor to fog momentarily, but it was clear before exit. He left the aircraft by rocking forward, head down and fell smoothly for about 15 seconds. "I at once thought this method of jumping was easier than the method wherein a spinning seat is ridden down." He later "began to spin and tumble rather violently" and was able to test various methods for controlling this. He continued to check his time and was well prepared for the opening shock. "I received a good jolt from the opening, but it was not severe. The jar caused my visor to spring up away from my face. I did not black out at all but felt a little limp in the sling for 30 seconds or so." The parachute opening was automatic and the aneroid-activated warning buzzer operated at the proper altitude. He felt sick and "spit up a few times, but did not vomit." The landing was very hard, but no injuries were sustained.

TEST 16-B

Subject: Captain V. Mazza Altitude: 41,586 feet

Type: Free Fall Date: 8 August 1950

IAS: 117 mph

The subject left the aircraft in the same fashion as the previous free-fall subject. He immediately began tumbling "in a head over heels

fashion." Later, "the gyrations were hard to distinguish," but he was able to try various methods of control and to stabilize his position occasionally. He carried a flare in his hand and released it prior to expected opening, but it was a dud. He was able to flip himself over to a face-down position to prepare for the opening shock, which was automatic and "easy." "During the descent in the parachute it got quite warm but I did not feel any nausea. I had an easy landing and except for feeling a little tired, felt no ill effects from the experience. I believe it is more pleasant to free-fall than to ride a spinning seat."

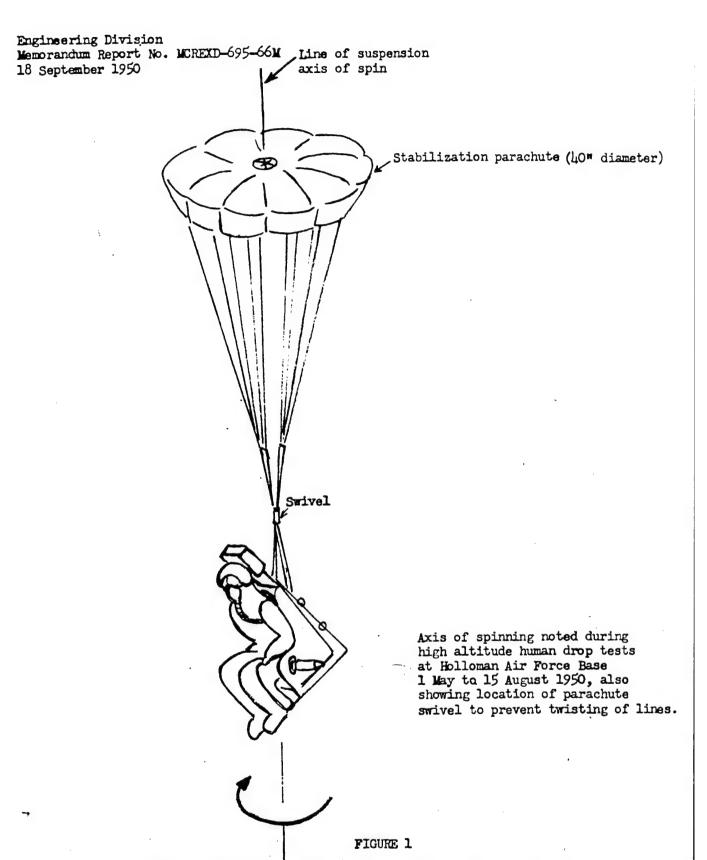
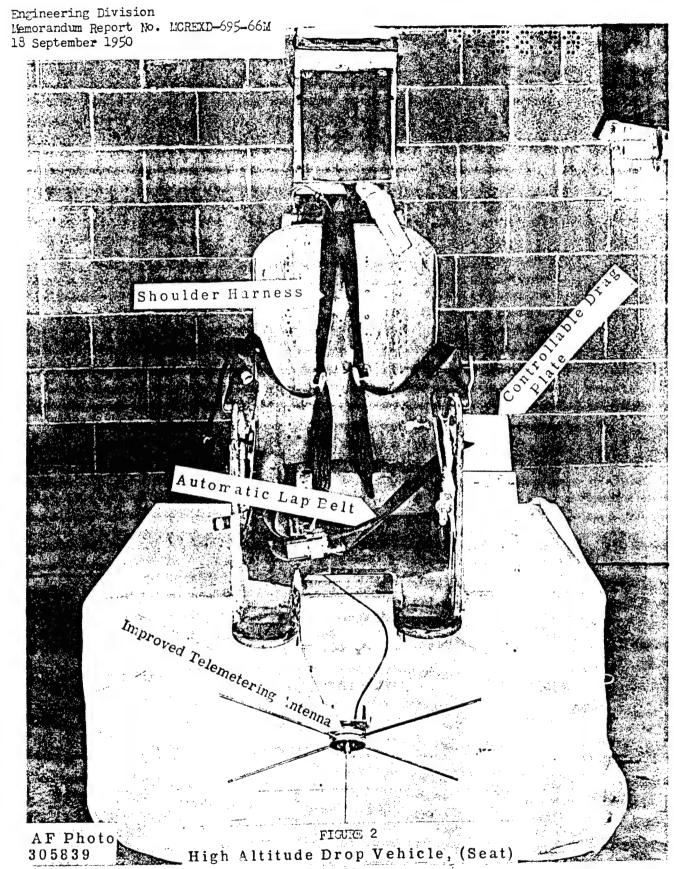
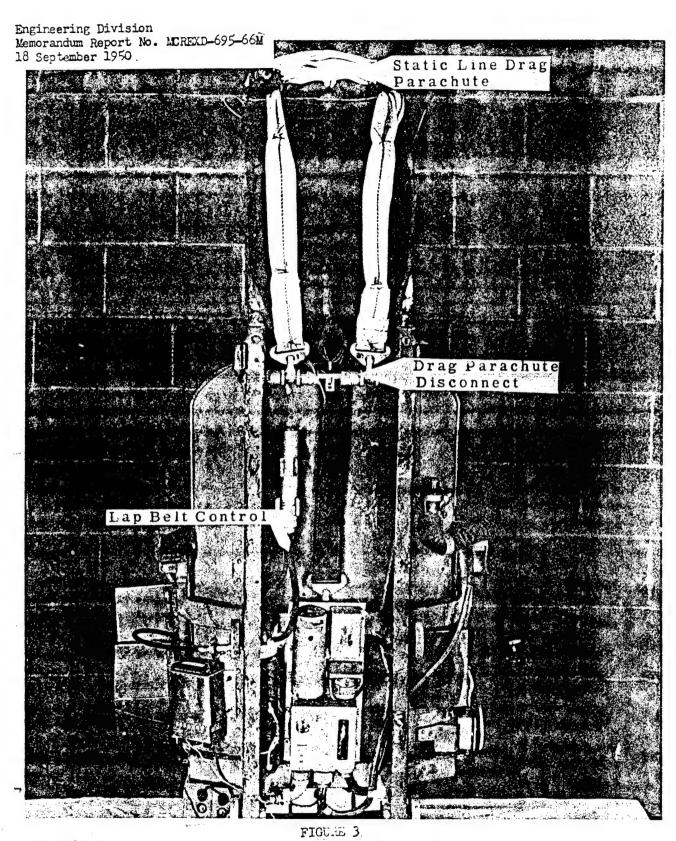


Illustration of guided free-fall portion of ejection seat drop





AF Photo 305841

High Altitude Drop Vehicle

AF Photo 305842

High Altitude Drop Vehicle

FIGURE 4

(Ejection Seat)

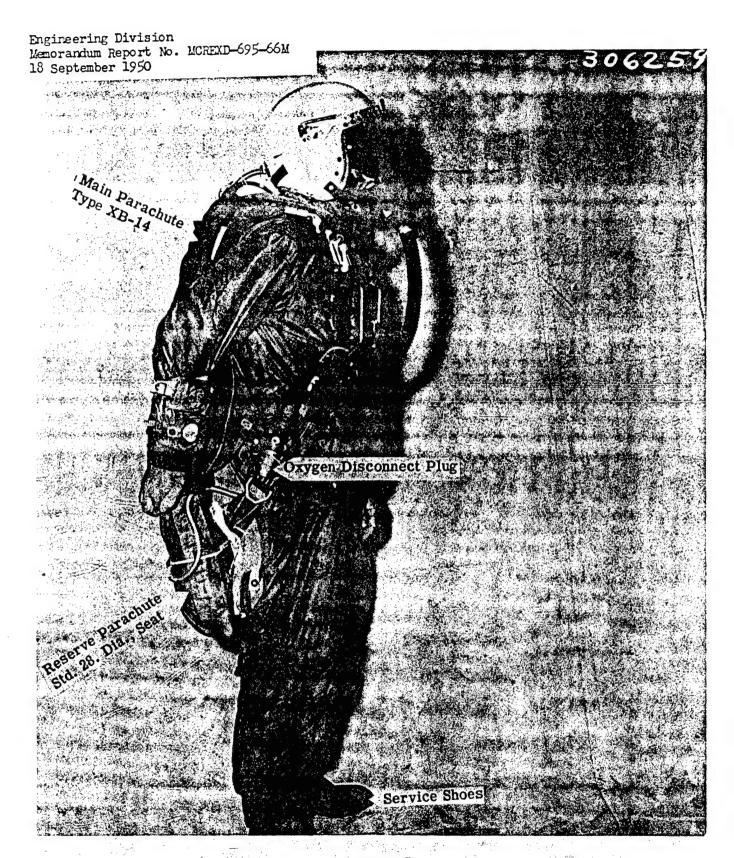


FIGURE 5

AF Photo 306259 Flight Clothing and Accessories for High Altitude Ejection Seat Drops



AF Photo 306260 Flight Clothing and Accessories for High Altitude Ejection Seat Drops



AF Photo 306231 Flight Clothing and Accessories for High Altitude Ejection Seat Drops



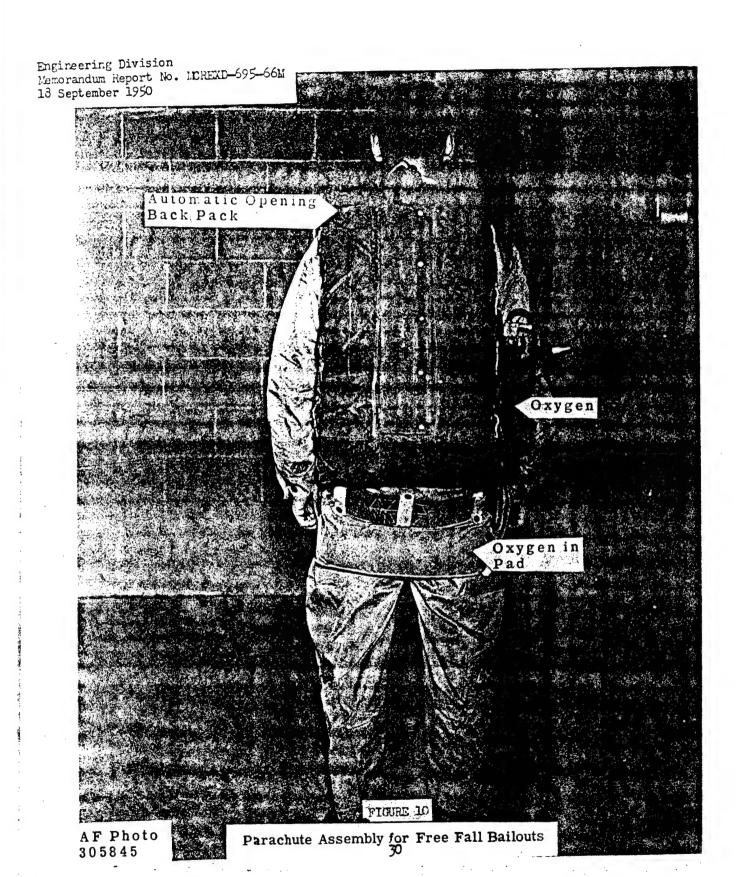
FIGURE 8

AF Photo 305843

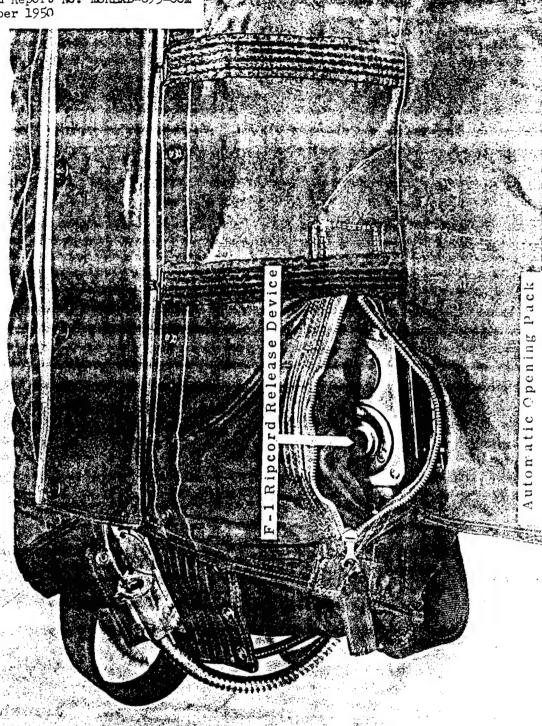
Parachute Assembly for Free Fall Bailout

AF Photo 305844

Parachute Assembly for Free Fall Bailout

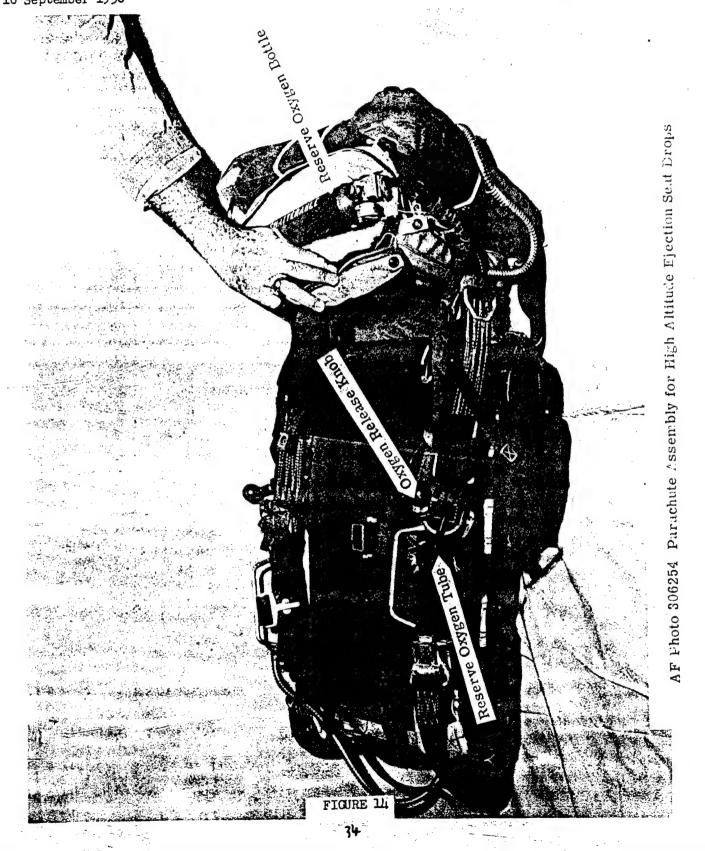


284916



AF Photo 284916

FIGURE 13



Capt. R.V. Wheeler, M/Sgt. J.F. Krul, M/Sgt. J.D. Smith, T/Sgt. G.A. Post, T/Sgt. V.A. James, Capt. V. Mazza

Test Jumpers

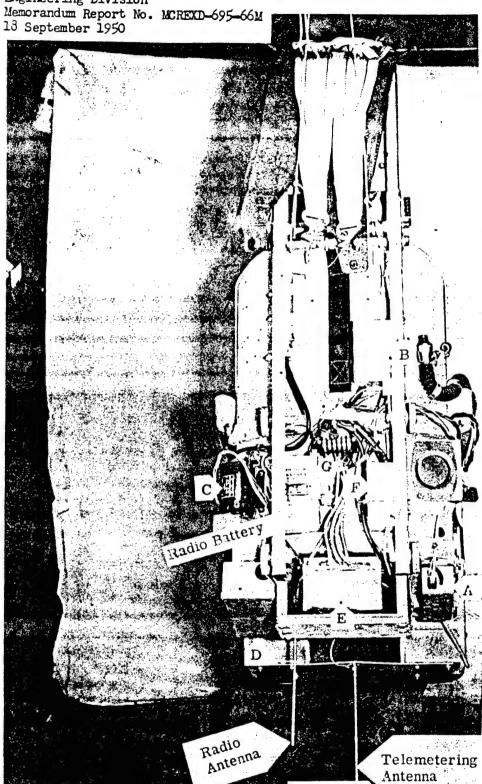


FIGURE 16

Ejection Seat Equipped with Telemtering

A K T - 10 Telemetering System

- A- EKG Amplifier
- B- Telemetering Carrier Generator
- C- Dynamotor
- D- Battery Box (24 Volt)
- E-Sub-carrier Generator
- F- Junction box
- G- Junction box

Engineering Division

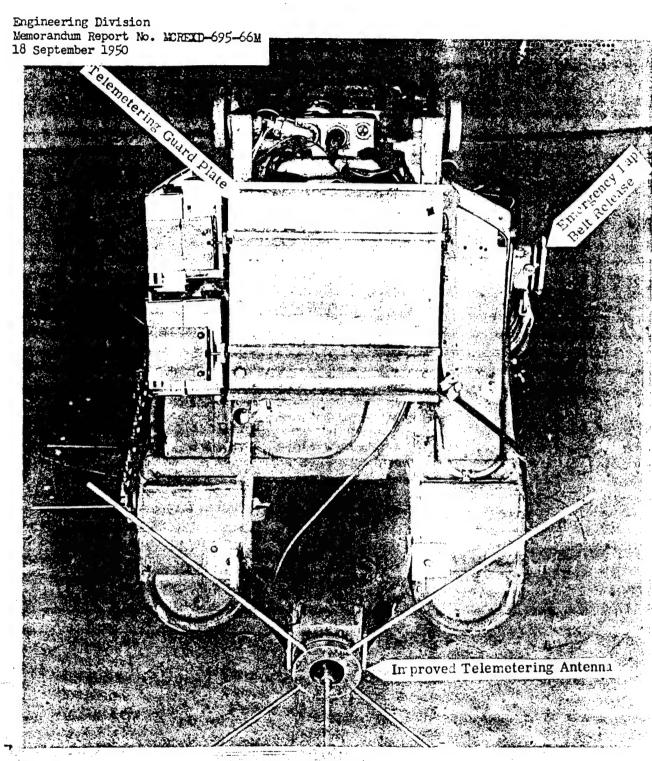


FIGURE 17

AF Photo Seat Equipped with Bendix Telemetering (Bottom View) 305837

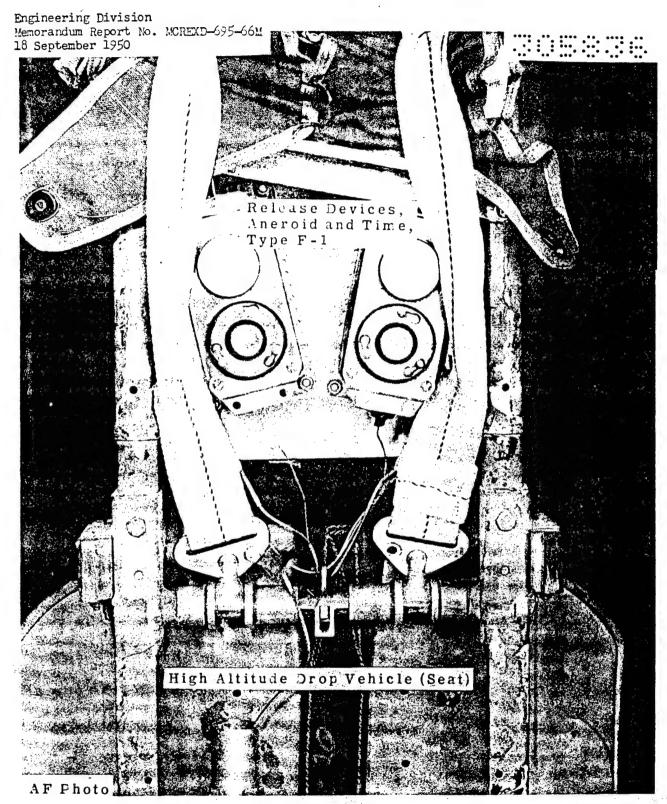


FIGURE 18 38

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